

L22000422251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

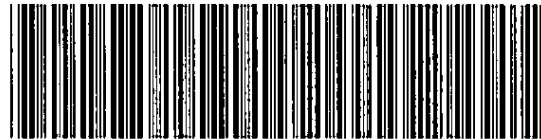
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/16/22--01016--004 **125.00

2022 SEP 16 AM 10:38
CLERK OF STATE
TALLAHASSEE
FL 32399

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Grand Slam 5, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mitchell Lamchick

Name of Person

c/o Lamchick Law Group, PA

Firm/Company

6910 N Kendall Drive

Address

Miami, FL 33156

City/State and Zip Code

Mitchell.Lamchick@RaymondJames.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Salazar

Name of Person

at (305)

Area Code

670-4455

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grand Slam 5, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6910 N Kendall Drive, Miami, FL 33156

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lamchick Law Group, PA

Name

6910 N. Kendall Drive

Florida street address (P.O. Box **NOT** acceptable)

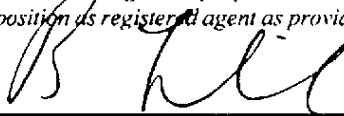
Miami, FL 33156

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Mitchell Lamchick, 10%

7314 NW 122 Avenue, Parkland, FL 33076

AMBR

Jill Lamchick, 10%

7314 NW 122 Avenue, Parkland, FL 33076

AMBR

Bruce Lamchick, 10%

6910 N Kendall Drive Miami, FL 33156

AMBR

Eileen Lamchick, 10%

6910 N Kendall Drive Miami, FL 33156

(Use attachment if necessary)

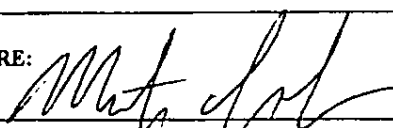
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mitchell Lamchick

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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STATE
CLERK
OFFICE

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Ryan Lamchick, 10%

6910 N Kendall Drive Miami, FL 33156

AMBR

Lindsey Lamchick, 10%

6910 N Kendall Drive Miami, FL 33156

AMBR

Michael Epstein, 10%

219 Shore Drive S, Miami, FL 33133

AMBR

Carly Epstein, 10%

219 Shore Drive S, Miami, FL 33133

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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LED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Shaun Kolnick, 10%

7425 SW 50 Court, Miami, FL 33143

AMBR

Jamie Kolnick, 10%

7425 SW 50 Court, Miami, FL 33143

AMBR

AMBR

(Use attachment if necessary)

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DEPARTMENT OF STATE
FILING

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